DOCUMENT RESUME

ED 425 408 CG 028 978

AUTHOR Kampfe, Charlene M.
TITLE Variability in Response to Life Transitions: Application of a Transition Model.
PUB DATE 1997-07-00
NOTE 11p.; In: China-U.S. Conference on Education. Collected Papers. (Beijing, People's Republic of China, July 9-13, 1997); see CG 028 968.
PUB TYPE Reports - Research (143) -- Speeches/Meeting Papers (150)
EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS Adults; Children; *Coping; Elementary Secondary Education; *Life Events; Psychological Patterns; *Stress Management; *Stress Variables

ABSTRACT

The modified House Model of Social Stress is used to discuss the variability of individual responses to potentially stressful events or transitions. The model graphically depicts the variety of ways people respond to the potentially complex interaction among variables associated with stress. It also depicts the potential relationship among perceptions, coping strategies, and outcome. The model, as adapted, comprises five types of variables: (1) conditions conducive to stress; (2) perceptions; (3) responses; (4) conditioning variables; and (5) outcomes. The model suggests that a wide array of variables will influence an individual's response to an event and the outcome of that event. Among these variables are perceptions of the event, coping strategies used to respond to it, and possible conditioning variables that could directly or indirectly influence outcome. The examples used in presenting the model at the China-U.S. Education Conference are included. Application of the model to three events is included: (1) parents' reactions to a child's deafness; (2) children's reactions to national tests; and (3) children's reactions to the transition from one school to another. (Author/EMK)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

ED 425 408

Chapter Ten

Variability in Response to Life Transitions: Application of a Transition Model

Charlene M. Kampfe

Abstract

A model of social stress was used to discuss the variability of responses to potentially stressful events or transitions. The model suggests that a wide array of variables will influence an individual's response to an event and the outcome of that event. Among these variables are perceptions of the event, coping strategies used to respond to it, and possible conditioning variables that could directly or indirectly influence outcome.

Individuals have been found to respond differently to similar events or transitions (Aldwin & Revenson, 1987; Felton & Revenson, 1984; George, 1980, 1982; Kampfe, 1994; Kampfe & Kampfe, 1992; Kampfe & Mitchell, 1990, 1991a; Kampfe, Mitchell, Boyless, & Sauers, 1995; Mitchell & Kampfe, 1990, 1993; Seligman, 1985). Likewise, outcomes (e.g., psychological well-being or positive resolution of a situation) of similar events vary across people (Kampfe, 1998; Kampfe & Mitchell, 1991b). This variation in findings may be the result of intervening variables that directly or indirectly influence responses to an event (Folkman & Lazarus, 1980; Kampfe, 1989, 1998; Kampfe & Mitchell, 1991b; Lazarus, Kanner, & Folkman, 1980) or outcomes of an event (Cohen & Edwards, 1989; Kampfe & Mitchell, 1991b; 1998; Pearlin & Skaff, 1995).

The House Model of Social Stress (House, 1974), as modified by George (1980, 1982) and by Kampfe and Mitchell (Kampfe, 1998; Kampfe & Mitchell, 1991b), lends itself to the potentially complex interaction among variables associated with transitions. The model graphically depicts the notion that individuals respond to life transitions in a variety of ways because people have a wide array of experiences, personal resources, and social status factors, that can interact to influence perceptions of a transition, coping strategies used to respond to a transition, and the outcomes of a transition. The model also depicts the potential relationship among perceptions, coping strategies, and outcome.

The purpose of the presentation at the China-U. S. Conference on

CG028978

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)
☐ This document has been reproduced as received from the person or organization originating it.
☐ Minor changes have been made to improve reproduction quality.
• Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.

PERMISSION TO REPRODUCE AND DISSEMINATE THIS MATERIAL HAS BEEN GRANTED BY
G. Walz 2
TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

BEST COPY AVAILABLE

Education was to describe the model and to encourage educators from both countries to apply it to themselves and to their students. The purpose of this paper is to describe both the model and the ways in which participants of the conference were asked to apply it to actual or hypothetical situations.

The Model

The model, as adapted for this paper, is comprised of five types of variables:

1. Conditions conducive to stress,
2. Perceptions,
3. Responses,
4. Conditioning variables, and
5. Outcomes (George, 1990, 1982: House, 1974)

The solid lines in Figure One represent potential relationships among the variables.

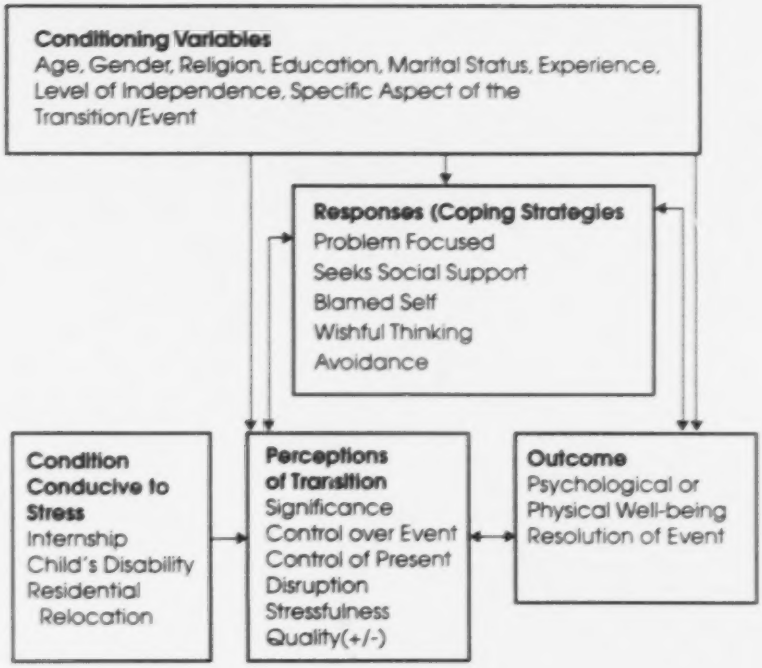

Figure 1. Modified version of House's social stress model. Adapted from "Occupational stress and coronary heart disease: A review and theoretical integration," J. House, 1974, *Journal of Health and Social Behavior, 15*. p. 12-27. Copyright 1974 by the American Sociological Association. Adapted with permission.

Conditions Conducive to Stress

Conditions conducive to stress are an events or transitions that have the potential to produce stress. Examples of conditions conducive to stress are:

(a) internships of graduate college students (Kampfe, Levine, MacFarland, Smith, Topor, & McNamara, 1998; Kampfe & Mitchell, 1990, 1992; Mitchell & Kampfe, 1993);

(b) parenthood of a child with a disability (Kampfe, 1989; Mindell & Feldman, 1987), and,

(c) residential relocation of older people (George, 1980; Lieberman & Tobin, 1983).

Perceptions

Perceptions are subjective appraisals of the event or transition. The cognitive-phenomenological theory of psychological stress purports that perceptions of an event influence both responses to an event and outcomes of that event (Folkman & Lazarus, 1980). The following perceptions are thought to have these influences and are all thought to relate to responses to an event or to outcomes of an event:

(a) Perception of importance/significance of an event (Folkman, Chesney, McKusick, Ironson, Johnson, & Coates, 1991; Folkman, Lazarus, Dunkel-Schetter, DeLongis, & Gruen, 1986; Krause, 1994; Myers, 1990, Pearlin, 1991);

(b) perception of the controllability of an event (Blanchard-Fields & Robinson, 1987; Folkman & Lazarus, 1980; Folkman et al., 1986; Kampfe, 1998; Kampfe & Mitchell, 1991b; Parks, 1984; Vitaliano, Russo, Carr, Maiuro, & Becker, 1985);

(c) perception of the disruption of an event (George, 1980; Kampfe & Mitchell;1991b);

(d) perception the stressfulness of an event (Aldwin & Revenson, 1987; House, 1974: Kampfe & Mitchell, 1991b; Paterson & Neufeld, 1989); and

(e) perception of the positive or negative quality of an event (Kampfe, 1998; Mirotznik & Ruskin, 1985; Siegler & George, 1983).

Responses

Responses are the coping strategies used to deal with a transition. Coping strategies have been categorized as problem-focused (i.e., used to control the situation itself), and emotion-focused (i.e., used to control emotions) (Folkman & Lazarus, 1980, 1984; Folkman, Lazarus, Pimley, & Novecek, 1987). Although the research findings on coping are not always consistent, reports often indicate that people who use problem-focused coping strategies have a high sense of psychological well-being (Aldwin & Revenson, 1987; Felton & Revenson, 1984; Foster & Gallagher, 1986; Kampfe & Mitchell, 1991b; McCrae, 1982; Mitchell, Cronkite, & Moos, 1983; Mitchell & Hodson, 1983; Rutman, 1988; Vitaliano, Katon, Russo, Maiuro, Anderson, & Jones 1987; Vitaliano, Maiuro, Russo, & Becker, 1987), whereas people who use emotion-

focused strategies such as wishful thinking, blaming self, and avoidance have a low sense of psychological well-being (Felton & Revenson; Folkman et al., 1986). Findings regarding seeking social support coping strategies are mixed. For example, one study found that students who used seeking social support coping strategies had a higher sense of efficacy and a lower sense of disruption and stressfulness than students who did not use seeking social support (Kampfe & Mitchell, 1991b). In another similar study of older people, however, seeking social support was not found to relate to variables such as those in the previously discussed study of students (Kampfe, 1998).

Conditioning Variables

Conditioning variables are factors such as age, gender, religion, education, marital status, experience, degree of actual personal control associated with the transition or event, and some specific aspect of the transition or event itself. The model suggests that conditioning variables might influence perceptions of an event, the coping strategies used to respond to an event, or the outcome of an event. A literature review of the relationship between the many potential conditioning variables and other variables is beyond the scope of this article; however it can be noted that there are inconsistent findings depending upon the variables and the populations being studied.

Outcome

As previously indicated, outcome can be any variable that can be considered the ultimate dependent variable, and can include various measures of psychological well-being, health, or resolution of a situation. The model is based on the premise that outcome might be related directly or indirectly to any of the variables of the model.

Application of the Model at the China-U.S. Conference

In presenting the model in the past, I have found that practical examples and personal experiences seem to enhance participants' understanding of the potential relationships among the variables. Participants were, therefore, asked to look at an object (a potted plant) and to describe their perceptions of the object. Three individuals' responses (paraphrased) will be used here to illustrate the possible array of reactions to the plant:

(1) One individual saw the plant as being a living thing that had a stem and leaves with chlorophyll; that emitted oxygen; and that needed carbon dioxide, soil, fertilizer, and water to survive.

(2) A second individual saw the plant as a decorative item. He liked its color and design.

(3) A third individual saw it as a living entity that had a spirit, as did all things of nature.

These individuals were asked what they would do with the plant based on their perceptions of it. The first individual said that she would care for it, and that she would be certain that it was watered and fertilized appropriately. She

also indicated that she would put it in her bedroom to increase her own intake of oxygen. The second individual said that he would put the plant in a special place in his home, because it would look nice in one of his rooms. The third individual said he would transplant it outside so that it could be with mother earth.

Following this, they were asked how their actions might have influenced the outcome. The first individual said that the plant would live and that she, herself, would be healthier because of the oxygen. The second said that he would enjoy the plant. The third said that the plant would be where it belonged, and its spirit would be free.

After these reports, all were asked to consider how their life histories (i.e., conditioning variables) might have influenced their perceptions of the plant, their responses to the plant, and the potential outcomes of their actions. Among other things, the first individual indicated that she had a scientific nature and that she had raised a lot of plants; the second said that he would have to think about this, and the third said that his way of perceiving plants and interacting with them was a part of his culture.

Following this activity, the model was introduced (see Figure 1) using theparticipants responses as examples of each of the variables. Participants then began to explore examples of significant events and transitions in their lives that might also fit the model. For example, I explained that I travel a great deal and that my husband and one of my best female friends typically go out to dinner when I am gone. I told the participants that when I arrive home, my husband tells me that he and my friend have gone out to dinner. I respond by asking him if he had a nice time and by asking about my friend. I feel happy that he was able to do something fun while I was out of town; and that concludes our interaction about the topic.

In applying this event to the model, participants speculated that I perceived this event to be a neutral or positive thing, and that my response was minimal and positive as well. The outcome was that I maintained my friendship with my friend and my relationship with my husband. The participants were then asked to consider some of the conditioning variables that might have influenced my response to this event (i.e., trusting relationship with husband, trusting relationship with friend, history of trusting relationship with and between parents, confidence in self, experience with previous similar events, open communication, no cultural biases regarding the topic, etc.).

The participants were then asked how I might have responded if I had perceived that it was wrong for my best friend and my husband to go to dinner while I was out of town. The participants indicated that both my response and the outcome of the event would have been much different than it had been in the first scenario. We then examined the possible conditioning variables that might have influenced my negative perceptions and responses.

Following this discussion, participants were invited to consider this model in relation to the events/transitions of their students. They were encouraged to think about ways that the model could be used to more clearly understand student's and parents' responses to events and to develop strategies for assisting

students who are undergoing transitions. At the conclusion of the session, participants seemed to have a clear understanding of the model, and to begin to look at their own transitions from a new perspective. They were encouraged to continue to apply the model not only to their own transitions, but also to their students' transitions.

Further Application of the Model

Although the amount of time available for the session did not permit further application of the model, this paper will do so. The model will be applied to the following events:

(a) parents' reaction to a child's deafness,
(b) children's reactions to national tests, and
(c) children's reactions to the transition from one school to another.

Parents who have a deaf child may respond to their child's deafness in a variety of ways, depending upon a wide array of conditioning variables (e.g., socioeconomic level, own hearing status, positive or negative experience with deafness, education, gender, resources available, ability to use sign language, personality, cultural biases). These conditioning variables might individually or in combination influence their perceptions of the deafness. For example, parents who are deaf may be more likely to perceive the deafness of their child as a neutral or positive event; whereas parents who are hearing may perceive the deafness as a negative and stressful event. These perceptions would then influence the ways parents cope with the deafness and the ways they interact with their child. Their behaviors might then influence the child's psychosocial development.

Children who are taking a national test may respond to this event in a variety of ways. Conditioning variables (e.g., parental expectations, self-expectations, cultural expectation, previous experience with tests, understanding of own abilities, consequences of the grade) might influence the child's perception of the test. For example, if the child is accustomed to receiving relatively low grades, has parents who do not have high expectations of their academic level, or lives in a culture that does not value high academic performance; they may not perceive this test as an important event. On the other hand, a child who typically receives high grades, has parents who have extremely high expectations for them, and lives in a culture that expects students to achieve at high levels may perceive the test as a very important event. Based on the child's perception of that event, they may react in a variety of ways. The child who perceives the test as relatively unimportant will perhaps use fewer problem-solving strategies to prepare for the test (i.e., studying) and may not feel a great deal stress while preparing for and taking the test; whereas a child who perceives the test as important may use many problem-focused strategies (i.e., taking extra classes, studying a great deal), may seek social support (i.e., talk with teachers and others who have taken the test), and may feel a great deal of stress both while preparing for and taking the test.

Children's reactions to a transition from one school to another might

also vary depending upon a number of variables. The child who is self-confident, has had experience with other positive transitions, and who has been given some actual control over whether or not to make the transition may perceive this change of schools as being controllable and involving little stress. Conversely, the child who has low self-esteem, has not had previous experiences with similar transitions, and who is forced to change schools may perceive the move as a stressful event in which they have no control. These perceptions might influence the child's responses to the move. The child who perceives the move as controllable and nonstressful may respond by using problem-focused coping and seeking social support; whereas the child who perceives the move as out of his/her control or stressful may respond by using wishful thinking or avoidance. The result might be the child who uses health promoting strategies (e.g., problem-focused stratiegies) will adjust to the move more easily than the child who uses less health promoting strategies (e.g., wishful thinking, avoidance).

These three examples are only hypothetical situations and are not necessarily based on research. They are offered to assist the reader in applying the model in a variety of settings. Educators can use the model when considering the transitions being made by themselves, their students, or the parents of their students. The model can encourage them to realize that not all people will respond to similar events in similar ways.

References

Aldwin, C. M., & Revenson, T. A. (1987). Does coping help? A reexamination of the relation between coping and mental health. *Journal of Personality and Social Psychology, 53,* 337-348.

Blanchard-Fields, F, & Robinson, S. L. (1987). Age differences in the relation between controllability and coping, *Journal of Gerontology, 42,* 497-501.

Cohen, S., & Edwards, J. R. (1989). Personality characteristics as moderators of relationships between stress and disorder. In R. W. J. Neufeld (Ed.), *Advances in the investigation of psychological stress* (pp. 235-283). New York: Wiley.

Felton, B. J., & Revenson, T. A. (1984). Coping with chronic illness: A study of illness controllability and the influence of coping strategies on psychological adjustment. *Journal of Consulting and Clinical Psychology, 52,* 343-353.

Folkman, S., Chesney, M., McKusick, L., Ironson, G., Johnson, D. S., & Coates,T. J. (1991). Translating coping theory into intervention. In J Eckenrode (Ed.). *The social context of coping* (pp. 239-260). New York: Plenum Press.

Folkman, S., & Lazarus, R. S. (1980). An analysis of coping in a middle-aged community sample. *Journal of Health and Social Behavior, 21,* 219-239.

Folkman, S., Lazarus, R. S., Dunkel-Schetter, C., DeLongis, A., & Gruen, R. J. (1986). Dynamics of a stressful encounter: Cognitive appraisal coping and encounter outcomes. *Journal of Personality and Social Psychology, 50,* 992-1003.

Folkman, S., Lazarus, R. S., Pimley, S., & Novecek, J. (1987). Age differences in stress and coping processes. *Psychology and Aging 2,* 171-184.

Foster, J. M., & Gallagher, D. (1986). An exploratory study comparing depressed and nondepressed elders' coping strategies. *Journal of Gerontology, 41,* 91-93.

George, L. K. (1980). *Role transition in later life.* Monterey, CA: Brooks/ Cole.

George, L. K. (1982). Models of transition in middle and later life. *The Annals of the American Academy of Political and Social Science, 464,* 22-37.

House, J. S. (1974). Occupational stress and coronary heart disease: A review and theoretical integration. *Journal of Health and Social Behavior, 15,* 12-27.

Kampfe, C. M. (1989). Parental reaction to a child's hearing impairment. *American Annals of the Deaf, 134,* 225-259.

Kampfe, C. M. (1994, Fall) Life events: Diverse responses. *The Scholarly Series, 1* (2) , 1-4.

Kampfe, C. M. (1998). *Residential relocation of people who are older: Relationship among life satisfaction, perceptions, coping strategies, and other variables.* Manuscript resubmitted for publication.

Kampfe , C. M., & Kampfe, R. L. (1992). Coping strategies used by older upper-middle-class persons making residential relocations. *Arizona Counseling Journal, 17,* 3-9.

Kampfe, C. M., Levine, L., MacFarland, S., Smith, S. M., Topor, I. L., & McNamara, K. (1998, February) Preliminary findings of an intradepartmental study of special education and rehabilitation fieldwork. Paper presented at the 1997-1998 Dean's Forum: The Advancement of Knowledge and Practice in Education, Tucson, AZ.

Kampfe, C. M., & Mitchell, M. M. (1990). Rehabilitation counseling internships: Students' perceptions and coping strategies. *Rehabilitation Education, 4,* 13-22.

Kampfe, C. M., & Mitchell, M. M. (1991a) Coping strategies of master's degree students during internships: A national study. *Rehabilitation Education, 5,* 169-178.

Kampfe, C. M., & Mitchell, M. M. (1991b). Relationships among coping strategies and selected variables in clinical internships. *Rehabilitation Education, 5,* 1-2.

Kampfe, C. M., & Mitchell, M. M. (1992). Students' perceptions of master's level rehabilitation internships: A national study. *Rehabilitation Education, 6,* 1-9.

Kampfe, C. M., Mitchell, M. M., Boyless, J. A., & Sauers, G. O. (1995). Coping strategies used by undergraduate interns: Implications for training programs and supervisors. *Rehabilitation Counseling Bulletin, 38,* 318-333.

Krause, N. (1994). Stressors in salient social roles and well-being in later life. *Journal of Gerontology: Psychological Sciences, 49,* 137-148.

Lazarus, R.S., Kanner, A., & Folkman, S. (1980). Emotions: A cognitive-phenomenological analysis. In R. Plutchik and H. Kellerman (Eds.), *Theories of emotion* (pp. 189-217). New York: Academic Press.

Lazarus, R. S. & Folkman. S. (1984). Coping and adaptation. In W. D. Gentry (Ed.), *The handbook of behavioral medicine* (pp. 282-325). New York: Guilford.

Lieberman, M. A., & Tobin, S. S. (1983). *The experience of old age: Stress, coping, and survival.* New York: Basic Books.

McCrae, R. R. (1982). Age differences in the use of coping mechanisms. *Journal of Gerontology, 37,* 454-460.

Mindel, E. D., & Feldman, V. (1987). the impact of deaf children on their families. In E. D. Mindel & M. Vernon (Eds.), *They grow in silence: Understanding deaf children and adults* (2nd ed.). Boston: Little, Brown, & Co.

Mirotznik, J., & Ruskin, A. P. (1985). Inter-institutional relocation and its effects on psychosocial status, *The Gerontologist, 25,* 265-270.

Mitchell, R. E., Cronkite, R. C., & Moos, R. H. (1983). Stress, coping and depression among married couples. *Journal of Abnormal Psychology, 92,* 433-448.

Mitchell, R.E., & Hodson, C.A. (1983). Coping with domestic violence: Social support and psychological health among battered women. *American Journal of Community Psychology, 11,* 629-654.

Mitchell, M. M., & Kampfe, C. M. (1990). Coping strategies used by occupational therapy students during fieldwork: An exploratory study. *American Journal of Occupational Therapy, 44,* 543-550.

Mitchell, M. M., & Kampfe, C. M. (1993). Student coping strategies and perceptions of field work. A National Study. *American Journal of Occupational Therapy, 47,* 535-540.

Myers, J. E. (1990). ***Empowerment for later life.*** Ann Arbor, Michigan: ERIC Counseling and Personnel Services Clearinghouse.

Parks, K. R. (1984). Locus of control, cognitive appraisal, and coping in stressful episodes. *Journal of Personality and Social Psychology, 46,* 655-668.

Paterson, R. J., & Neufeld, R. W., J., (1989). The stress response and parameters of stressful situations. In R. W. J. Neufeld (Ed.), *Advances in the investigation of psychological stress* (pp. 7-42). New York Wiley.

Pearlin, L. E. (1991). The study of coping: An overview of problems and direction. In J. Eckenrode (Ed.), *The social context of coping* (pp. 261-276). New York: Plenum Press.

Pearlin, L. I., & Skaff, M. M. (1995). Stressors and adaptation in late life. In M. Gatz (Ed.), *Mental Health and Aging* (pp. 97-123). Washington, DC: American Psychological Association.

Rutman, D. L. (1988). ***Coping with relocation: The impact of coping on health and adjustment upon residential change.*** Paper presented at the annual meeting of the Gerontological society of America. San Francisco, CA.

Seligman, M. (1985). Current trends: Handicapped children and their families. *Journal of Counseling and Development, 64,* 274-277.

Siegler, I. C., & George, L. K. (1983). The normal psychology of the aging male. *Journal of Geriatric Psychiatry, 16,* 197-209.

Vitaliano, P. P., Katon, W., Russo, J., Maiuro, R., Anderson, K., & Jones, M. (1987). Coping as an index of illness behavior in panic disorder. *The Journal of Nervous and Mental Disorders,* 175, 78-84.

Vitaliano, P., Maiuro, R., Russo, J., & Becker, J. (1987). Raw versus relative scores in the assessment of coping strategies. *Journal of Behavioral Medicine, 10,* 1-18.

Vitaliano, P., Russo, J., Carr, J., Maiuro, R., & Becker, J. (1985). The Ways of Coping Checklist: Revision and psychometric properties. *Multivariate Behavioral Research, 20,* 3-26.